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APPLICANTS

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** CONTINUING DATA ***** *none, MHD*

** FOREIGN APPLICATIONS ***** *none, MHD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 21	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature	Initials		

ADDRESS

22879

TITLE

Generating and displaying spatially offset sub-frames

FILING FEE RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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